

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>12/5/97</u>		2 Serial/Patent # <u>08955373</u>							
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input checked="" type="checkbox"/> Filing			\$ <u>395.00</u>						
<input type="checkbox"/> Amendment			\$						
<input type="checkbox"/> Extension of Time			\$						
<input type="checkbox"/> Notice of Appeal/Appeal			\$						
<input type="checkbox"/> Petition			\$						
<input type="checkbox"/> Issue			\$						
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/> Maintenance			\$						
<input type="checkbox"/> Assignment			\$						
<input type="checkbox"/> Other			\$						
			7 TOTAL AMOUNT OF REFUND <u>\$395.00</u>						
8 TO BE REFUNDED BY:									
10 REASON:		<input checked="" type="checkbox"/> Treasury Check							
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
<input type="checkbox"/> No Fee Due (Explanation):									
11 REFUND REQUESTED BY: <u>E. B. ADAMS</u>									
TYPED/PRINTED NAME: <u>E. B. ADAMS</u>		TITLE: <u>Examiner</u>							
SIGNATURE: <u>[Signature]</u>		PHONE: <u>30894179</u>							
OFFICE: <u>ORPE</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>M. Gordon</u>		DATE: <u>12/22/97</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: